

196001

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

John F. Hodges Jr  
dba American Limo-Taxi

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 421 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was Assigned and should be entered above.

(Please type or print)

Submitted by:

John F. Hodges Jr  
dba American Limo-Taxi

Telephone:

(843) 743-6349

Address:

6264 Spring Grove Rd  
Adams Run, SC 29426

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

COPY  
Posted: led  
Dept: S.A.  
Date: 11/12/08  
Time: 12:35

RECEIVED  
NOV 10 2008  
PSC SC  
DOCKETING DEPT.

RECEIVED  
NOV 10 2008  
PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*[Handwritten signature]*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXI

DATE 10/31, 2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

John F. Hodges Jr

dba American Limo-Taxi

2. (a) Street Address of Applicant 6264 Spring Grove Rd

Adams Run, SC 29426

- (b) Mailing address, if different from street address

SAME

- (c) Telephone Number

(843) 743-6349

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: Oct Year: 2008

<b>Assets:</b>	
Cash	500.00
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	1800.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	2300.00
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	0
<b>Capital Stock</b>	
<b>Retained Earnings</b>	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	2300.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF \_\_\_\_\_

I, John F. Hodges Jr OWNER  
(Name of Applicant's Representative) (Title)

of American Limb-Tax the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 6 day of NOVEMBER 2008

Julius K. Harper  
(Notary Public)

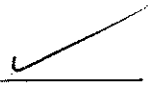
[Signature]  
(Signature of Applicant's Representative)

Commission Expires: 1/29/2012

EXHIBIT C

CLASS C

TAXI



CHARTER

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

Columbia, South Carolina

Applicant John F. Hodges Jr

For the transportation of passengers as follows:

Area to be served: Chas, Dorchester and  
Berkeley Co

Number of passengers: 7

Fares : See attached

Date 10/31/08 \_\_\_\_\_  
Applicant

Burner  
Title

Rev.10/03

## AMERICAN LIMO RATE SHEET

0.1 - 1.0 = 4.50	25.1 - 26.0 = 42.50
1.1 - 2.0 = 7.50	26.1 - 27.0 = 44.00
2.1 - 3.0 = 9.00	27.1 - 28.0 = 45.50
3.1 - 4.0 = 10.50	28.1 - 29.0 = 46.00
4.1 - 5.0 = 12.00	29.1 - 30.0 = 47.50
5.1 - 6.0 = 13.50	30.1 - 31.0 = 49.00
6.1 - 7.0 = 15.00	31.1 - 32.0 = 50.50
7.1 - 8.0 = 16.50	32.1 - 33.0 = 52.00
8.1 - 9.0 = 18.00	33.1 - 34.0 = 53.50
9.1 - 10.0 = 19.50	34.1 - 35.0 = 55.00
10.1 - 11.0 = 21.00	35.1 - 36.0 = 56.50
11.1 - 12.0 = 22.50	36.1 - 37.0 = 58.00
12.1 - 13.0 = 24.00	37.1 - 38.0 = 59.50
13.1 - 14.0 = 25.50	38.1 - 39.0 = 41.00
14.1 - 15.0 = 27.00	39.1 - 40.0 = 42.50
15.1 - 16.0 = 28.50	40.1 - 41.1 = 44.00
16.1 - 17.0 = 30.00	41.1 - 42.0 = 45.50
17.1 - 18.0 = 31.50	42.1 - 43.0 = 47.00
18.1 - 19.0 = 33.00	43.1 - 44.0 = 48.50
19.1 - 20.0 = 34.50	44.1 - 45.0 = 50.00
20.1 - 21.0 = 35.00	45.1 - 46.0 = 51.50
21.1 - 22.0 = 36.50	46.1 - 47.0 = 53.00
22.1 - 23.0 = 38.00	47.1 - 48.0 = 54.50
23.1 - 24.0 = 39.50	48.1 - 49.0 = 56.00
24.1 - 25.0 = 41.00	49.1 - 50.0 = 57.50

ALL RATES ARE FOR 2 PEOPLE  
\$1.00 FOR FOR EACH ADDTIONAL PERSON

MOVING \$ 20.00 ABOVE FARE  
LARGE BAGS AND SEA BAGS \$ 2.00  
BICYCLES \$ 5.00  
THE LOST OF BODY FOCKION ; SUCH AS  
VOITING ,LOST OF BLOOD, CRAPING,  
\$ 120.00  
LAUNDRY 4 SMALL BAGS FREE OR 1  
LARGE  
\$ 2.00 FOR EACH ADDTIONAL BAG  
ALL BAGS FIRST 10 FREE , \$0.25 FOR EACH  
ADDITIONAL



## INSURANCE QUOTE

The following insurance quote is for:

\_\_\_\_\_  
(Name of Motor Carrier)

\_\_\_\_\_  
(Address of Motor Carrier)

### Amount of Premium:

Liability Insurance \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

### **Minimum Limits - Intrastate Only:**

1 - 7 passengers - 25,000/50,000/25,000  
8 - 15 passengers 25,000/100,000/25,000

\_\_\_\_\_  
(Insurance Company Name)

\_\_\_\_\_  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Authorized Insurance Company Representative)



**AequiCap Finance Partners, Inc.**3000 W CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309**PREMIUM FINANCE AGREEMENT  
AND DISCLOSURE STATEMENT**

- ☒ **COMMERCIAL**  
☐ **ADDITIONAL PREMIUM**

Phone: 800-275-1700

Fax: 954-545-6990

FINANCE PARTNERS, INC.

**BORROWER / INSURED**  
JOHNNIE F. HODGES, JR  
6264 SPRING GROVE ROAD  
Adams Run, SC 29426

843-743-6349

**AGENT / PRODUCER**AequiCap Insurance Agency, Inc.  
3000 W Cypress Creek Rd  
Fort Lauderdale, FL 33309

800-275-7246

**SCHEDULE OF POLICIES**

POLICY PREFIX AND NUMBER	EFFECTIVE DATE	NAME OF INSURANCE CARRIER AND NAME OF MANAGING GENERAL AGENT	TYPE OF COVERAGE	POLICY TERM	GROSS PREMIUM	POLICY FEE	BROKER FEE	TAX STAMP	INSPECTION FEE
	10/24/2008	AequiCap Insurance Company  AequiCap Program Administrators	COMMERCIAL AUTO LIABILITY	12	\$2,810.00	\$0.00	\$0.00	\$0.00	\$0.00

(A) CASH PRICE FOR TOTAL PREMIUMS	(B) CASH DOWN PAYMENT	(C) AMOUNT FINANCED (Amount of credit provided to you or on your behalf) (A-B)	(D) FINANCE CHARGE (The dollar amount the credit will cost you)	(E) TOTAL OF PAYMENTS (The amount you will have paid after you have made all payments)
\$2,810.00	\$702.50	\$2,107.50	\$153.84	\$2,261.34

(F) ANNUAL PERCENTAGE RATE (The cost of your credit as a yearly rate)	NUMBER OF MONTHLY PAYMENTS	AMOUNT OF EACH PAYMENT	FIRST PAYMENT DUE DATE	PAYMENTS ARE DUE ON
15%	9	\$251.26	11/24/2008	24th ( Monthly )

**FEDERAL TRUTH IN LENDING DISCLOSURES**

**CREDITOR:** AequiCap Finance Partners, 3000 Cypress Creek Road, Fort Lauderdale, FL 33309. **SECURITY:** You are giving a security interest in all unearned premium which may become available under the policy(ies) listed above. **LATE CHARGE:** If your payment is late, you will be charged a late fee according to the **DEFAULT CHARGES** on the reverse side.

**PREPAYMENT:** If you pay off early, you may be entitled to a refund of part of the Finance Charge, less the non-refundable service fee.

Quote Q Q23185

South Carolina License No. 170710

**NOTICE TO THE INSURED:**

1. Do not sign this agreement before you read it or if it contains any blank space.
2. You are entitled to a completely filled-in copy of this agreement
3. Under the law, you have the right to pay off in advance, the full amount due and under certain conditions to obtain a partial refund of the service charge.
4. In consideration of the payment made by AequiCap Finance Partners, Inc. (HEREINAFTER referred to as AFP) to the listed insurance Companies, the named Borrower promises to pay to the order of AFP the Total of Payments, subject to the provisions as set forth in the pages of this agreement.

**PRODUCERS WARRANTIES AND REPRESENTATIONS:** The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on the behalf of the Insured, that all policies listed therein were issued by this Agency, and a completely fill-in copy of this contract has been delivered to the Assured.

Signature of Insured/Applicant

Date

Signature of Agent

Date